



Rhode Island Emergency Medical Services for Children Training Program Application

Course Name:

Course Date(s):

Course Location:

Name
Address
City, State, Zip
Phone with area code ()
e-mail:
Credentials: Circle one MD RN Paramedic EMT-C Other(specify)
Please list other AAP / AHA courses taken:
BLS
ACLS
NRP
Other
Is your Basic Life Support status current? (circle one) Yes No
Expiration date: (mm) / (yy) /

Space is limited, please forward applications promptly to the address below.

Checks should be made payable to: *Rhode Island Hospital / EMS for Children*
Please forward completed applications with payment or purchase order to:

Rhode Island Emergency Medical Services for Children
Rhode Island Hospital - Grads Dorm 209
593 Eddy Street
Providence, RI 02903

Application can also be made by faxing completed form to:

401-444-7030

e-mail:

tlawrence@lifespan.org